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The CO-ACT Study

Developing support in health services for older people with co-existing alcohol and mental health problems

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North East: Highest rates alcohol-related harm

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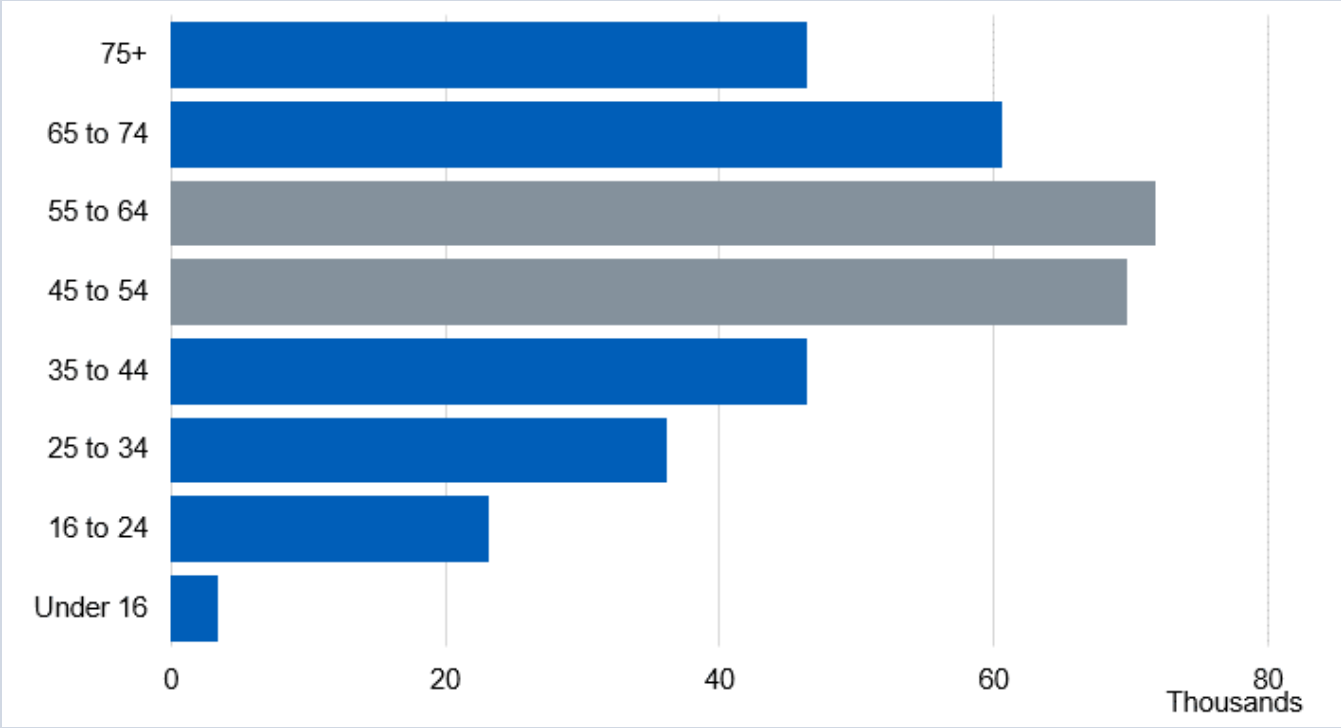
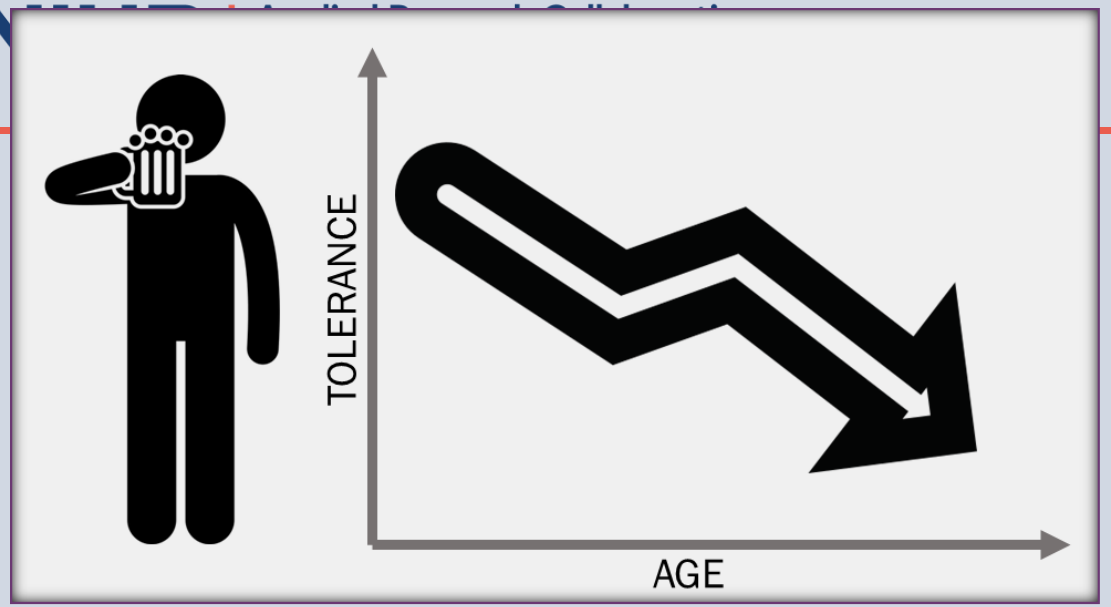
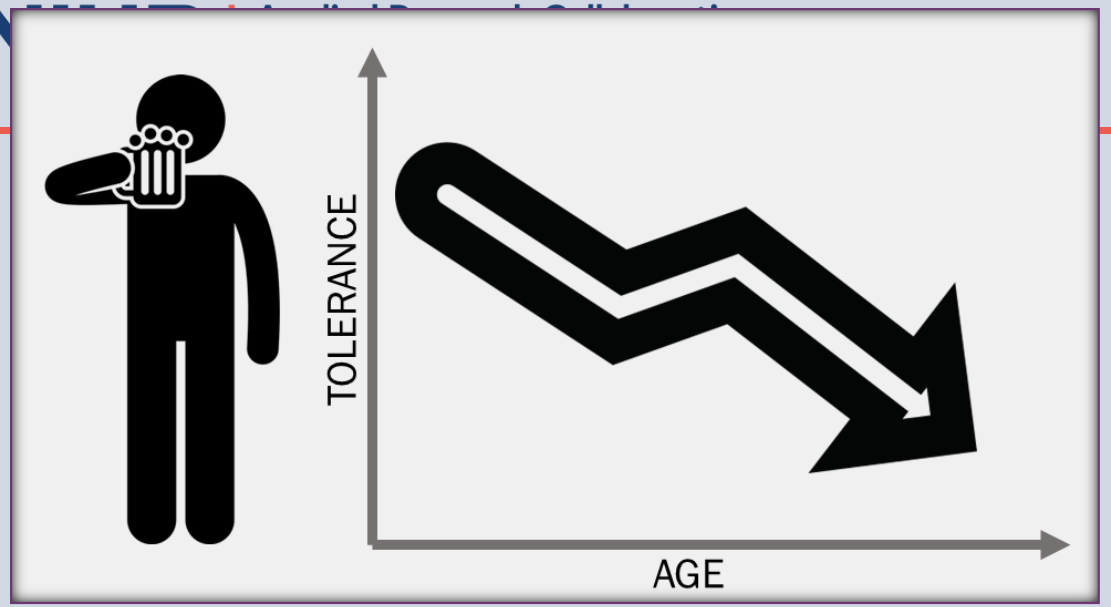
Alcohol-related hospital admissions 2020




TOLERANCE
AGE

GENERATION Z
BABY BOOMERS
MILLENNIALS
GENERATION X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Aims:

1. To understand the support needs of older people aged 55+ with co-existing alcohol and mental health problems

2. To consider how support needs can be met holistically within integrated primary care, alcohol and mental health services in North East/North Cumbria

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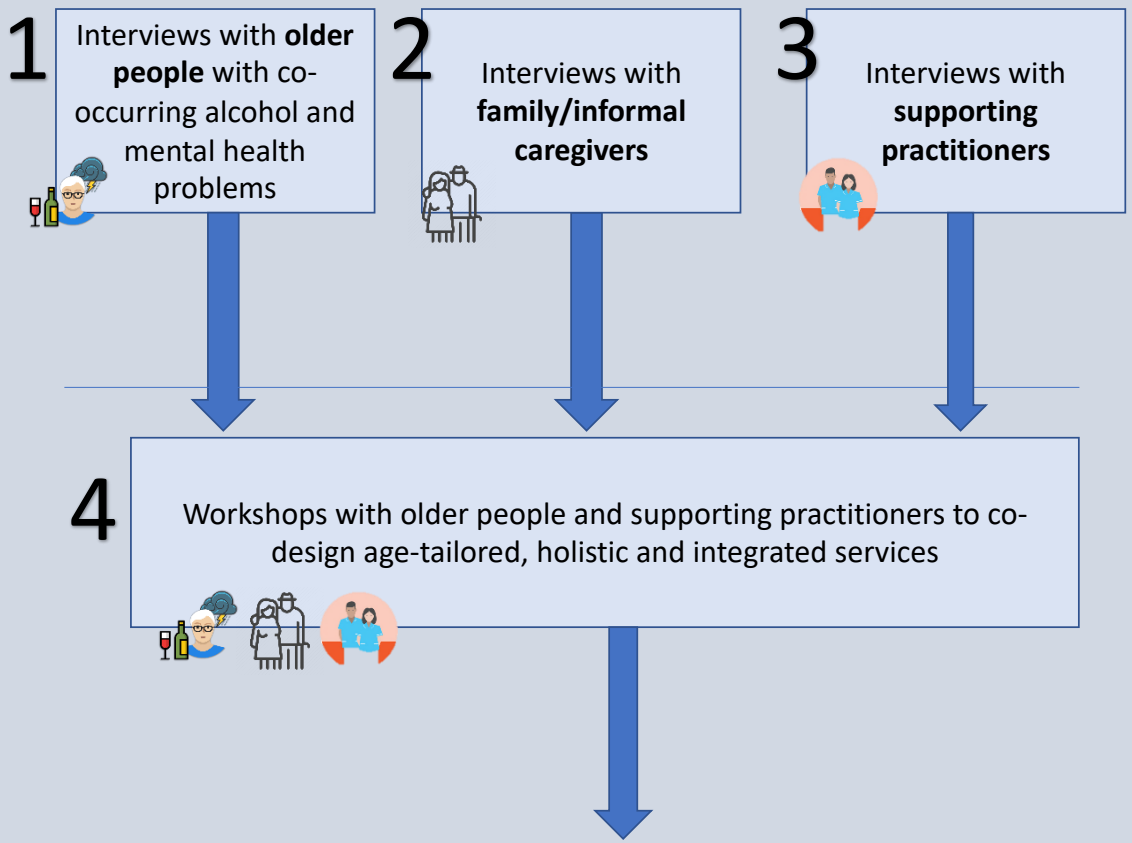
Approach



Interviews

Understanding of lived experience, experiences of support, (unmet) support needs, challenges in meeting needs in services/informal care

workshops

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Preliminary findings

Mental health

Physical health

Education in links between mental health and drinking

When drinking

When reducing /ceasing

Supervised detox!

Care needs

In recovery

Connection

Integrated care *during crisis*

GP access to 3S records

Inequalities in accessing support

Trust in service providers

Timely access to support key to recovery

Exclusive/ exclusionary eligibility criteria

Social Prescribers

The CO-ACT Study

‘We’re starting to think within our practice now that we need to address not just for our people but across the board in terms of how we deal with it as well because the mantra was always they had to agree to try and stop and they agreed that they wanted to stop and they wanted help otherwise nobody would see them within our practice.
We decided we’re going to at least identify someone with alcohol dependence, we’re going to try and see that person. There’s a GP who does substance misuse, shared care with the agency, try and see that patient at least once, go through everything with them, tackle their physical mental health and see where that takes them We haven’t had that step in the practice before so we’re thinking about putting that in place.’ (GP)

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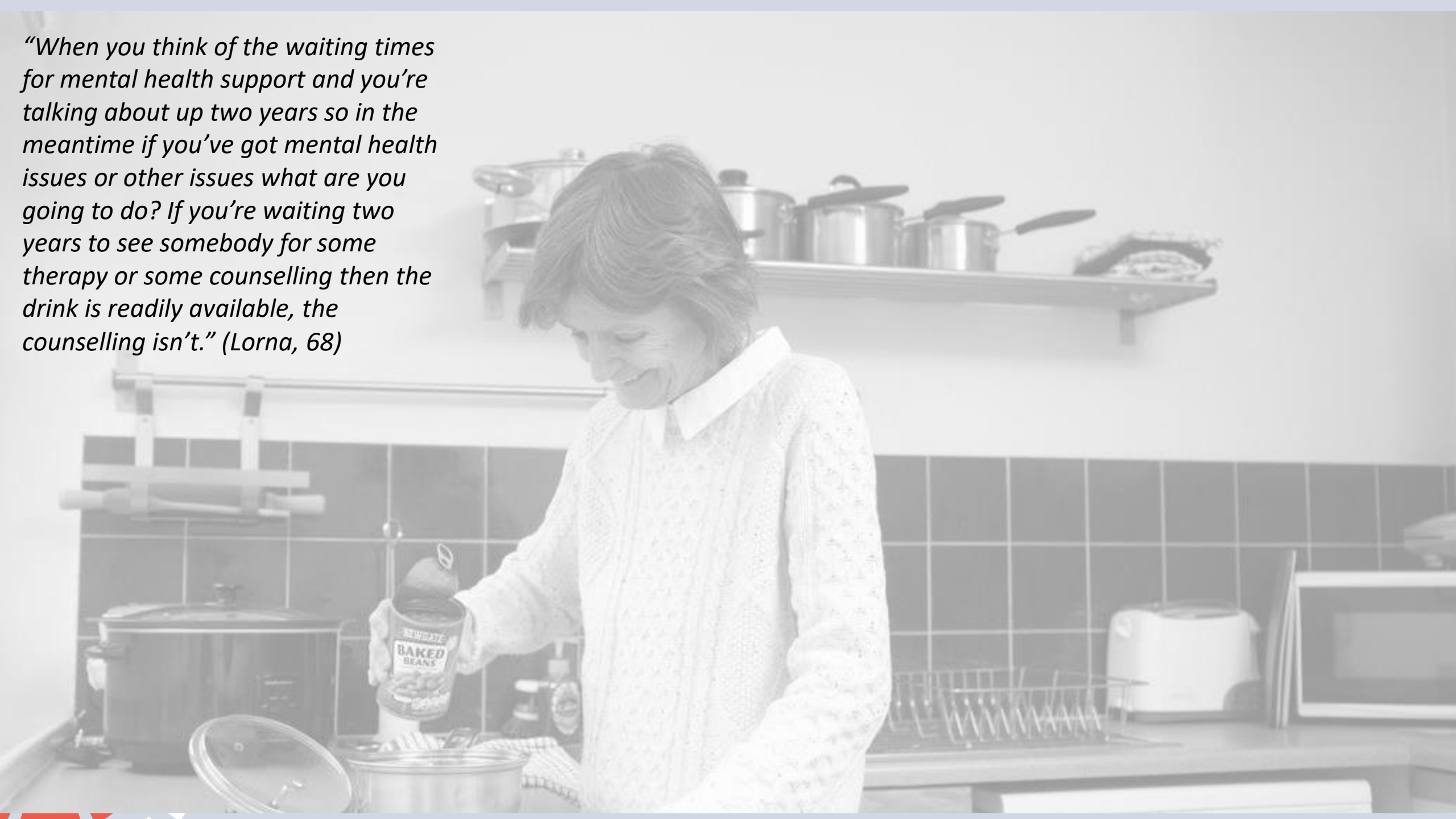
“When you think of the waiting times for mental health support and you’re talking about up two years so in the meantime if you’ve got mental health issues or other issues what are you going to do? If you’re waiting two years to see somebody for some therapy or some counselling then the drink is readily available, the counselling isn’t.” (Lorna, 68)



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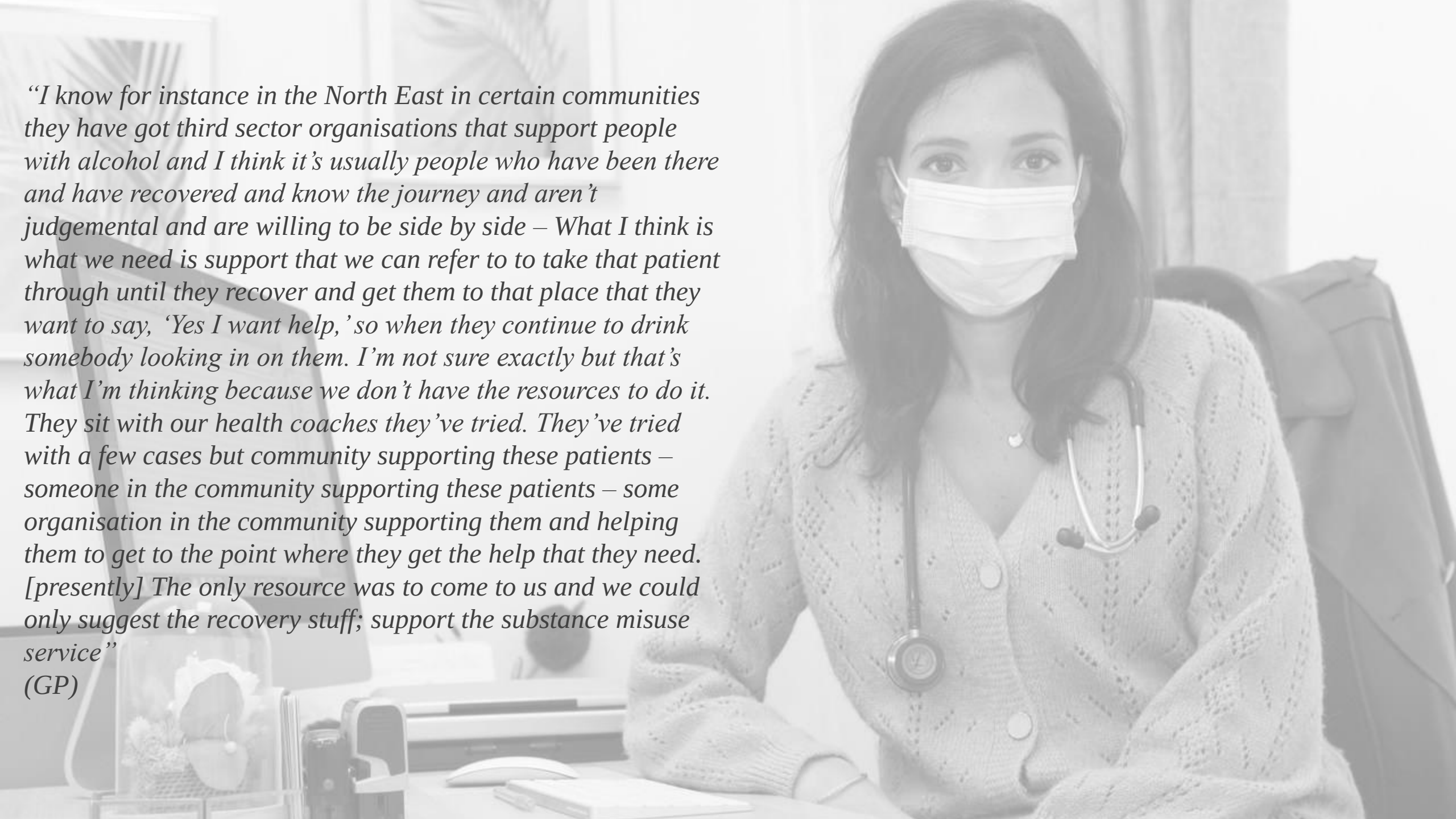
"I know for instance in the North East in certain communities they have got third sector organisations that support people with alcohol and I think it's usually people who have been there and have recovered and know the journey and aren't judgemental and are willing to be side by side – What I think is what we need is support that we can refer to to take that patient through until they recover and get them to that place that they want to say, 'Yes I want help,' so when they continue to drink somebody looking in on them. I'm not sure exactly but that's what I'm thinking because we don't have the resources to do it. They sit with our health coaches they've tried. They've tried with a few cases but community supporting these patients – someone in the community supporting these patients – some organisation in the community supporting them and helping them to get to the point where they get the help that they need. [presently] The only resource was to come to us and we could only suggest the recovery stuff; support the substance misuse service"
(GP)



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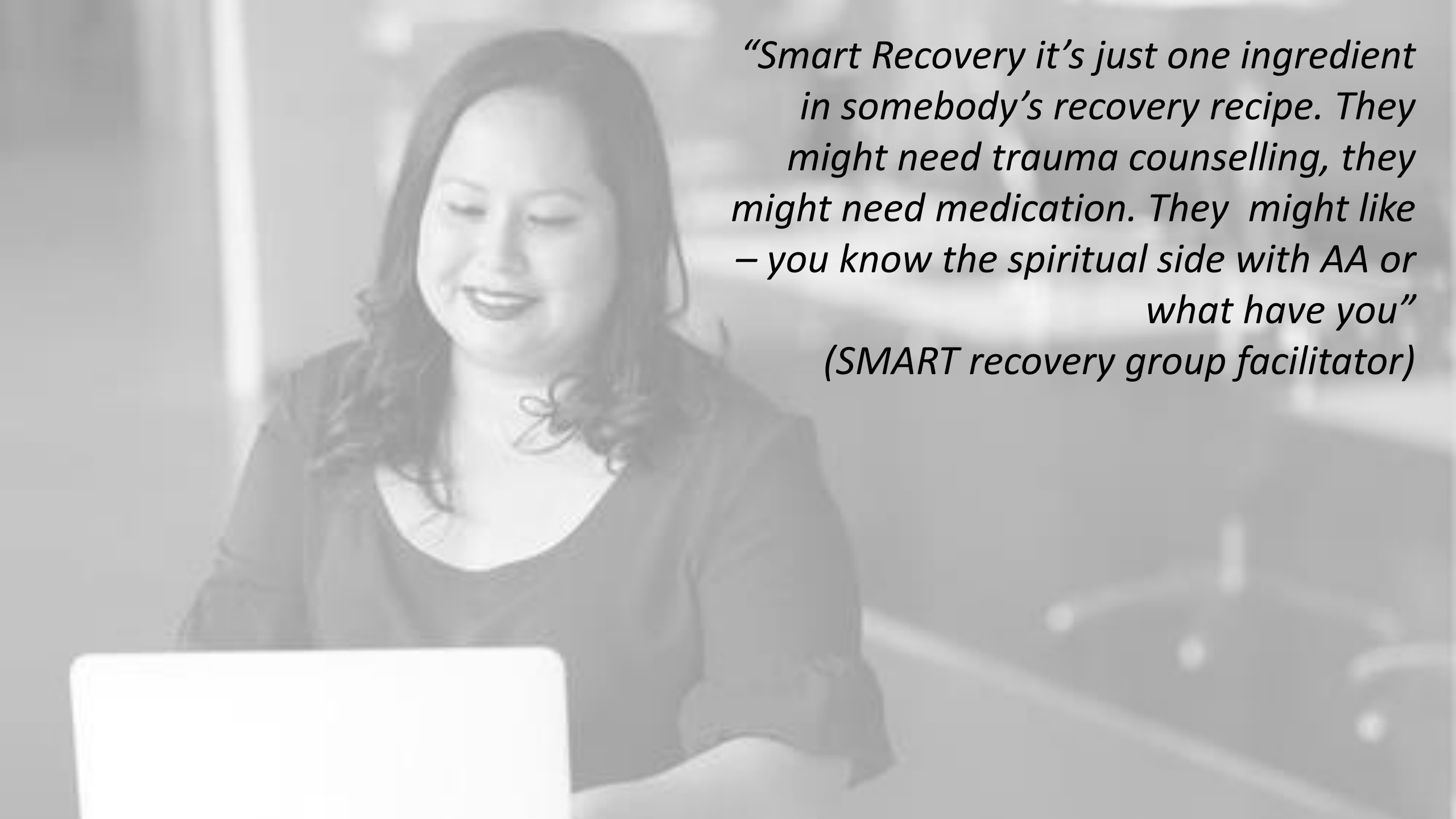

“Smart Recovery it’s just one ingredient in somebody’s recovery recipe. They might need trauma counselling, they might need medication. They might like – you know the spiritual side with AA or what have you”

(SMART recovery group facilitator)

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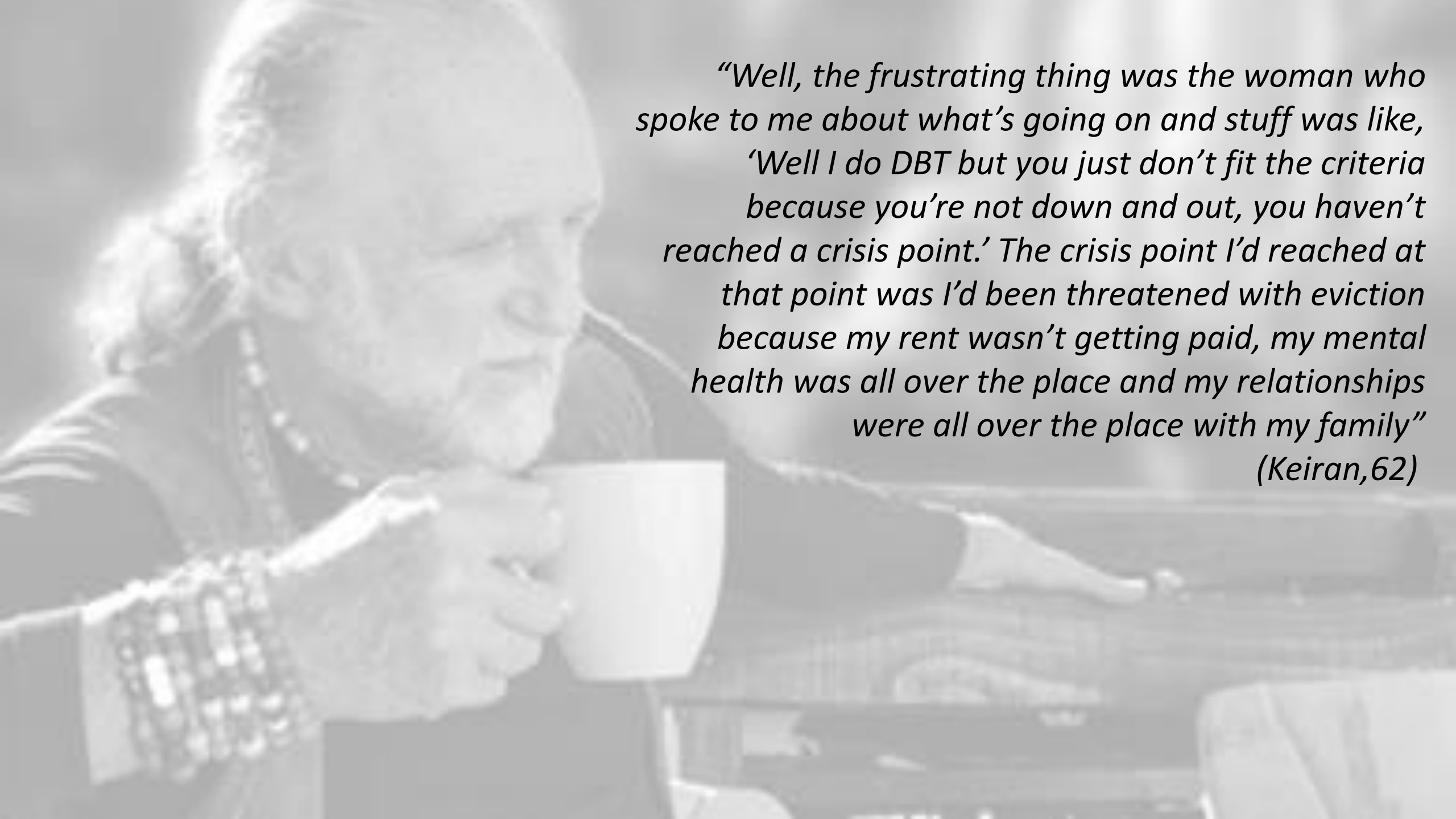

“Well, the frustrating thing was the woman who spoke to me about what’s going on and stuff was like, ‘Well I do DBT but you just don’t fit the criteria because you’re not down and out, you haven’t reached a crisis point.’ The crisis point I’d reached at that point was I’d been threatened with eviction because my rent wasn’t getting paid, my mental health was all over the place and my relationships were all over the place with my family”
(Keiran,62)

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